

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031058** FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               |          |      |                        |      |                        |      |
| 2               |          |      |                        |      |                        |      |
| 3               |          |      |                        |      |                        |      |
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| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>IND.   |          |      | 1                      |      |                        |      |
| TOTAL<br>DEP.   |          |      | 4                      |      |                        |      |
| TOTAL<br>CLAIMS |          |      | 5                      |      |                        |      |

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| TOTAL<br>IND.   |   |   |
| TOTAL<br>DEP.   |   |   |
| TOTAL<br>CLAIMS |   |   |